



WENMM/le SB/17 (12-04)

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

## FEE TRANSMITTAL For FY 2005

**Complete if Known**

Application Number	09/923,117
Filing Date	August 6, 2001
First Named Inventor	William F. MCKAY
Examiner Name	Bonderer, David A.
Art Unit	3732
TOTAL AMOUNT OF PAYMENT	(\$) <b>1520</b>
Attorney Docket No.	4002-2804

**METHOD OF PAYMENT (check all that apply)**

Check       Credit Card       Money Order       None       Other (please identify): \_\_\_\_\_

Deposit Account Deposit Account number: 23-3030 Deposit Account Name: Woodard, Emhardt, Moriarty, Mcnett & Henry LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Charge fee(s) indicated below  | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee                    |
| <input type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 | <input checked="" type="checkbox"/> Credit any overpayments to the above-identified deposit account. |

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**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

Small Entity  
Fee (\$)

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

Fee (\$)

Multiple dependent claims

25

50

HP = highest number of total claims paid for, if greater than 20

100

200

180

Total Claims      Extra Claims      Fee (\$)      Fee Paid (\$)      Multiple Dependent Claims      Fee (\$)      Fee Paid (\$)

-20 or HP      =-20      x      =0

x      =0

Independent Claims      Extra Claims      Fee (\$)      Fee Paid (\$)      Multiple Dependent Claims      Fee (\$)      Fee Paid (\$)

-3 or HP      =-3      x      =0

x      =0

HP = highest number of independent claims paid for, if greater than 3

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 419a)(1)(G) and 37 C.F.R. 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
-100	=-10	/50      =-2 (round up to a whole number)	x	0

**4. OTHER FEE(S)**

Non-English Specification \$130 fee (no small entity discount)

Fee Paid (\$)

Other: 1401 Notice of Appeal

500

Other: 37 CFR 1.136(a) Petition for Extension of Time (3 mos.)

1020

**SUBMITTED BY**

Signature	<i>James B. Myers</i>	Registration No. (Attorney/Agent)	42,021	Telephone	(317) 634-3456
Name (Print/Type)	James B. Myers			Date	